WORLD HEALTH ORGANIZATION

TOBACCO ALERT

OCTOBER 1990

EDITORIAL

SCOUTS AGAINST SMOKING

Baden-Powell, founder of the Scout Movement 90 years ago, once said, "No boy ever began smoking because he liked it, but generally because either he feared being chaffed by the other boys as afraid to smoke, or because he thought that by smoking he would look like a great man – when all the time he only looks like a little ass".

He believed that simply ordering a young person not to do something, would be seen by that young person as an exciting challenge. Instead, he offered exciting challenges of a healthier kind – Scouting.

Of course, many of the programmes and activities that Scouting offers today have been developed considerably and adapted since the early part of this century, but Scouting's purpose has not changed – to help young people, starting with the youngest Scout, to develop their full potential in every aspect of their lives – to strive towards physical, mental and social well-being, in other words health.

Dr Hiroshi Nakajima, Director-General of WHO (right) and Mr Jacques Moreillon, Secretary-General of the World Scout Movement

In more concrete terms, health education itself plays an important role in Scouting throughout the world, and in many countries, Scouts are involved in all kinds of projects to promote health in their communities. In a number of countries, this includes creating a greater awareness of the dangers of tobacco.

In Egypt, for instance, Scouts organize sports competitions, such as football matches, between teams of smokers and non-smokers. The spectators of these football matches are not only Scout groups, but very often the entire village, from the very young to the very old, laughing and cheering. An amusing activity, with a clear message. Especially so as it is always the non-smoking teams that win.

For Scouts in Nepal, drug abuse prevention is part of their Scout programme and they can even earn a badge for their efforts.

Of course, it is one thing to know, and agree, that smoking is bad for one's health, and it is quite another, particularly for young people, to have the courage of their convictions and actually say "no" when offered a cigarette. "No" can be one of the most difficult words any of us, even as adults, ever have to pronounce.

I sincerely hope that more and more young people will be encouraged to say "no" to tobacco and helping young people to say "no" is one of the aims of the Scouts' anti-drugs campaign.

In fact everything depends on the art of saying "no". To be able to say "no" calls for a strong character, a fact that the Scouts of America realized when they decided to call their education campaign "Just Say No".

Scouting is about education – and for the many adult leaders who are in direct contact with these young people, helping them to grow up, which means truly understanding the young person. Education about the dangers of tobacco must start early in a young person's life. The Scouts' responsibility as an educational movement is evident.

It is for this reason that I have accepted on this third World No-Tobacco Day, the Tobacco or Health medal on behalf of the 16 million Scouts worldwide. This medal for us represents not only a reward for the global dedication of the Scouts to health education and community development but also an incentive for our continued action enabling young people to grow up without tobacco.

Mr Jacques Moreillon,
Secretary-General of the World Scout Movement

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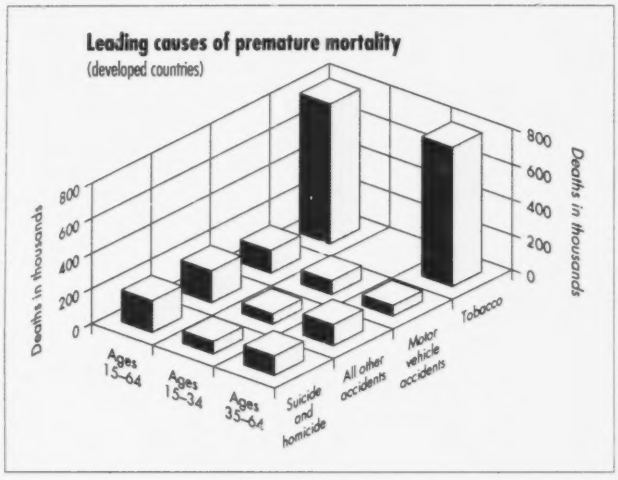
EPIDEMIOLOGY

SMOKING AND PREMATURE ADULT MORTALITY

Based on the annual cause of death data reported to WHO, a comparative analysis can be made of the leading causes of premature death*. This analysis is confined to the developed countries (defined here as comprising all of Europe (including the USSR), the United States of America, Canada, Japan, Israel, Australia and New Zealand) for two reasons: a) cause of death data for the period 1985-1988 are now available for all of these countries, the single exception being Albania (which accounts for less than one half percent of the total population of the developed world); and b) the reliability of the data is comparatively good, with complete coverage and virtually complete medical certification of cause of death.



Each year, there are about 11 million deaths in the developed countries, which together include a population of about 1,200 million people. Of these 11 million deaths, 3 million occur between the ages of 15-64 years, which corresponds roughly to the period of working life. Deaths prior to 15 years are comparatively rare in the developed countries. There are about 400 000 childhood deaths each year in the developed countries, two-thirds of which occur among infants aged less than 1 year. The majority of these deaths occur in the first weeks of life as a result of congenital abnormalities and other prenatal conditions.

During the first twenty years or so of working life, i.e. 15-34 years, accidents, particularly motor vehicle accidents, as well as suicide and homicide claim the most lives, particularly among young men. Many of these deaths have a clear behavioural component, such as alcohol abuse, which is a leading factor in fatal traffic crashes at these ages.

Many teenagers also take up cigarette smoking although, as the figure shows, the full impact of this habit on survival is not felt until several decades later in life. Once the mortality from smoking begins to appear, usually after about 35 years, the volume of smoking-attributable mortality rises rapidly with age, resulting in the conviction that smoking-related deaths are by far the leading cause of premature mortality during the working ages.

WHO has recently devised a methodology to estimate smoking-attributable mortality in countries with reliable mortality data, based on the attributable risk factors for major smoking-related diseases derived from the American Cancer Society studies. Almost 800 000 lives are lost each year in the developed countries between the ages of 35-64 years due to cigarette smoking. This represents about one-third of all deaths at these ages and is about eight times the mortality from either motor vehicle accidents, other accidents or suicide and homicide. Overall, between the ages of 15-64 years, these 800 000 deaths estimated to be attributable to smoking exceed the combined total of all deaths due to any form of violence, be it in an accident, suicide or homicide.

Cigarette smoking is thus by far the leading cause of premature mortality in developed countries. Indeed, smoking-attributable deaths between the ages of 35-64 years account for almost half of all smoking-attributable deaths estimated to occur in developed countries today (1.8 million), dispelling the notion that deaths due to cigarette smoking only occur in very old age.

** Premature deaths are defined here as deaths which occur during the conventional period of working life, i.e. ages 15-64 years.*

NEWS BRIEF

BANGLADESH: NO MORE TOBACCO ADVERTISING IN THE MEDIA

President Hussain Muhammad Ershad of Bangladesh chose 31 May 1990, the third World No-Tobacco Day, to announce the forthcoming ban on all cigarette and tobacco advertising in the newspapers and other printed media of his country. Such a ban was already in force for television and radio. It was during a ceremony to mark World No-Tobacco Day organized by ADHUNIK (a national anti-smoking organization) that President Ershad announced his intention. He took the opportunity to pay tribute to ADHUNIK's efforts to make people aware of the dangers of tobacco. A lifelong non-smoker himself, the Bangladeshi Head of State referred specifically to WHO's programmes, stressing that the objectives of health for all by the year 2000 could not be achieved unless people stopped smoking.

Going even further, he revealed that his Government was actively considering the gradual phasing-out of tobacco growing in Bangladesh and the introduction of appropriate replacement crops.

SOCIETY

NO MORE TOBACCO IN THE YEAR 2000?

The Northern Valley Schools, a consortium of seven elementary school districts and the Northern Valley Regional High School District in Bergen County, New Jersey, USA, conduct an annual programme for gifted students, V.I.A. (Valley Interdisciplinary Approach). Each year a theme is selected for exploration through readings and seminars.

The title of the 1989-1990 V.I.A. Programme was "It's About Time", and the theme was the world as it will be in the year 2000. After completing a series of related readings, students attended a two-day meeting where they heard from speakers representing a wide variety of professions. Each speaker shared their projections for change and innovation in their specific area of expertise. In addition, Thomas Sanction, Senior Editor of the *TIME Magazine*, addressed the students describing the evolution of the magazine, the information gathering process and how the staff put the magazine together each week. The students were then divided into small teams and given the problem of creating an issue of *TIME* for the year 2000.

The projected story of the winning team in the "Law" section was entitled "No Smoking Please!". The students reported that by 1 May 2000, cigarettes would be declared illegal in the United States due to the conclusive studies linking smoking to cancer, heart disease, birth defects and other health problems. The story stated that although exact penalties for selling and/or smoking had not been established, jail sentences and fines were being discussed as options. The students reported that this was part of a continued effort to enforce laws to maintain a drug-free country.

It is quite significant that young people from this programme, designed to cater for grades 7-10, considered smoking to be a law question in the year 2000 despite the number of other topical issues in today's society.

Northern Valley School students discussing the tobacco issue

NEWS BRIEF

TOBACCO INDUSTRY: HARVARD SELLS ITS SHARES

Harvard University recently sold all of its shareholdings in the tobacco industry on account of the dangers of smoking. The President of this famous US University, Derek Bok, explained that the decision was "motivated by a desire not to be associated as a shareholder with companies engaged in significant sales of products that create a substantial and unjustified risk of harm to other human beings". He added that the tobacco manufacturers had given no satisfactory reply to questions about the ethical aspects of selling tobacco products, particularly in the developing countries. Representatives of the tobacco industry were reported in a number of newspapers as expressing irritation at this highly symbolic act, but at the same time claiming that Harvard University was depriving itself of a highly profitable investment without its gesture having the slightest effect on the prosperity of cigarette manufacturers. On the other hand, in the opinion of Dr Allan Blum of Houston, who heads a major national pressure group that advocates such withdrawals of investments, this is a historic event and a "breakthrough morally and financially". It remains to be seen whether Harvard will set a fashion and whether its example will be followed by other institutions in the United States of America and elsewhere.

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WORLD NO-TOBACCO DAY 31 MAY 1990

"GROWING UP WITHOUT TOBACCO"

There is no doubt about the fact that every year World No-Tobacco Day is achieving greater global success, with its celebration reaching more people and acquiring greater media coverage. This year WHO called on the celebration's participants to give a more detailed report of events in order to produce an evaluation of the day and we are happy to say that the information is literally flowing in. The in-depth long-term evaluation will of course be the legislative measures taken as a result of the day or the number of people who ceased smoking for the day and continued to abstain. The number of people reached by the messages gives, in the interim, a good estimate of the efficiency of the measures taken for the celebration of the day. Here are some of the highlights of the information already received.

In Washington, the celebration of the day was highlighted by the distribution of medals to personalities such as Michael Pertschuk of the Advocacy Institute. The ceremony was hosted by the Interagency Committee on Smoking and Health's National Advisory Committee at the Hubert H. Humphrey Auditorium, Department of Health and Human Services in Washington. This meeting was chaired by the new Surgeon-General of the United States, Dr Antonia Novello. In the opening remarks Dr Novello said that on this day her office was launching a new initiative entitled "Preventing the sale of tobacco to minors". Since the theme of the this year's no-tobacco day was "Childhood and Youth without Tobacco" it was most appropriate for WHO/PAHO to participate in this event.

In Manila, at the Western Pacific Regional Office, for the launching of World No-Tobacco Day, a giant scroll containing a resolution in support of a recent ban on smoking in the Department of Health premises was presented to Dr Alfredo R.A. Bengzon, the Secretary of Health of the Philippines.

Special mention should be given to the celebration in South Australia; the South Australia Health Commission has to date sent WHO the best evaluation report of the day. This report raises the crucial question: "How many South Australians stopped smoking for the day and how long will they remain non-smokers?"

Other countries selected this day to announce official measures against tobacco, e.g., Bangladesh (see news item on page 2).

The WHO Director-General's message for the day has been featured in many newspapers and read in a large number of radio and television broadcasts. His address delivered in Geneva during the distribution of medals ceremony was also quoted, particularly

EUREST

NO-TOBACCO DAY
AT THE VIENNA INTERNATIONAL CENTRE

31 May 1990

The VIC Catering Service wishes you a healthy No-Tobacco Day!

Manila – *Babies in the delivery ward on World No-Tobacco Day 1990*

WORLD NO-TOBACCO DAY 31 MAY 1990

"GROWING UP WITHOUT TOBACCO"

where he stressed: "If we are to have a smoke free society at the beginning of the 21st century we need to have the children on our side. In fact we need children and parents to be unified to meet the challenge together. In other WHO programmes we have already seen the influence of children in showing the way to health to their parents. We have also seen the success of health actions from adolescent to adolescent."

To further support WHO action in the area of child education the Director-General of UNESCO addressed a message to the world on 31 May 1990, emphasizing that UNESCO's prevention and education programmes aim at reducing the craving for drugs by developing among young people the will to live without any dependency. Through collaboration between WHO and other concerned institutions he hoped that global education strategies would be established against smoking. Finally, he expressed his wish that the celebration of the day be a symbol of a society where children and young people will be happy to live without tobacco or any drug.

In Copenhagen, a day of fun and entertainment interlaced with non-smoking messages was organized with the participation of the Regional Office of Europe together with the Danish Council on Smoking and Health and the National Board of Health in Copenhagen. On this occasion, 200 school children aged 10-11 years were invited to celebrate World No-Tobacco Day in the Tivoli Gardens, Copenhagen. The children were selected from among 52 000 school children in Denmark participating in a five year school project designed to make them more aware of the harmful physical and social effects of smoking.

In the Eastern Mediterranean, the celebration of the day gave occasion to host a national workshop on tobacco or health in Oman which was jointly sponsored by the Ministry of Health and the World Health Organization. In Somalia a speech on the harmful effects of tobacco was given by imams in the city mosques.

According to reports all of the countries in the region of South East Asia celebrated World No-Tobacco Day. The day received extensive media coverage and several nationwide programmes were initiated in the respective countries. The special message of the day by Dr U Ko Ko, Regional Director of the Regional Office for South-East Asia, was widely broadcast.

Finally, it should be emphasized that the celebration of the day was also very apparent at all the UN agencies whether it be in New York, Vienna, Geneva or elsewhere. In Vienna, the VIC Catering Services generously donated small cakes and a strawberry sourmilk drink which attracted a large number of staff. Flyers were prepared on the basis of the WHO materials and printed at the expense of the UN/UNIDO Staff Welfare Fund. The Kreditanstalt, VIC branch, donated a large fruit basket featuring a wide selection of fruits as well as ball-point pens bearing the slogan : *"Have 365 Healthy Non-tobacco Days"*.

Washington – *Dr Alleyn (left), WHO and Mike Pertschuk receiving the Tobacco or Health medal*

Copenhagen – *Tivoli Gardens on World No-Tobacco Day 1990*

LEGISLATION

LEGISLATION IN AFRICA TO COMBAT SMOKING

Professor Ruth Roemer has described legislation as the cornerstone for a comprehensive programme of smoking control. The past decade has indeed witnessed a dramatic increase in legislation to combat smoking use throughout the world. This increasing resort to legislation has by no means been limited to the Western developed countries. Many of the developing countries have introduced anti-smoking legislation, as governments increasingly become aware that smoking-related diseases and disabilities represent a significant threat to the health and life of individual citizens, as well as a major source of expenditure to the community.

There have been great strides in WHO's African Region where, despite all the other health problems that plague the Region, governments have come to realize the importance and necessity of taking legislative measures to combat tobacco use. A number of governments have taken the necessary steps to prevent the hazards associated with smoking from becoming a major health problem. Thus, many countries have placed restrictions on advertising for tobacco products, and some have begun to restrict smoking in public places. Certain countries have gone even further in their efforts to legislate against the use of tobacco.

Economic considerations often affect efforts to introduce anti-smoking legislation in the African Region. On the one hand, countries are confronted by the very prejudicial effects of tobacco consumption on the health of their populations. On the other hand, socio-economic constraints represent a serious obstacle to the expression of the political will needed to combat the smoking epidemic.

While WHO's Secretariat has only limited knowledge of the specific legislative and regulatory measures taken by individual governments in the African Region in their fight against tobacco, the available primary sources, and information concerning secondary sources, clearly demonstrate that the trend towards the introduction of legislation against tobacco use in Africa is growing.

An Order enacted in Burkina Faso in February 1988 prohibits all advertising of tobacco, cigarettes, cigars, and cigarillos on advertising billboards and screens. Furthermore, it is prohibited to smoke in meeting-rooms, cafeterias, cinemas, service stations, health establishments, dormitories, administrative offices, kindergartens, and other places which accommodate children. Packets of cigarettes and other tobacco products must indicate the tar and nicotine content. All such packets must carry a warning notice.

Legislation adopted in Ghana in 1990 requires all tobacco products manufactured in the country to carry a warning notice. Other countries which have been reliably reported to have introduced new anti-tobacco legislation include Congo and Ethiopia. WHO's Regional Office for Africa, based in Brazzaville, has estimated that more than 15 countries in the Region now have some form of anti-tobacco legislation.

For all those concerned with the global efforts to combat smoking and other forms of tobacco use, this is heartening news. It is certain that more steps need to be taken. Legislation needs to be more comprehensive in scope, and more countries need to adopt such legislation. However, the fact that certain governments have now explicitly acknowledged the threat to life and health posed by smoking, and the fact that they are taking definitive steps to legislate against tobacco use, demonstrate that the challenge to developing countries is being met. WHO hopes that the great strides already taken in the African Region will be intensified in more and more countries. While legislation is certainly only one element of the struggle against tobacco, it can be a powerful weapon, reinforcing other measures in the education, information and fiscal spheres, for example.

On 25 June 1990, the President of Nigeria, General I.B. Babangida, signed a new Decree aiming at combatting smoking. It contains restrictions on the advertising of tobacco products, the sponsorship of sports events by tobacco companies, and smoking in public places. Packages containing tobacco products must now carry the following (rotating) warnings:

- *"The Federal Ministry of Health warns that tobacco smoking is dangerous to health".*
- *"Smokers are liable to die young".*

Each package must also indicate the tar and nicotine contents of each unit of the tobacco product.

Severe penalties may be imposed on persons and commercial firms committing offences against the Decree, which is to come into force on a date to be fixed by the President.

EDUCATION

ECONOMICS FOR CHANGE, POWER & DECISION-MAKING: TOBACCO

A new resource for teachers and youth workers who are keen to involve young people in discussions about smoking and the tobacco industry is now available. "Power and Decision-making: Tobacco" is a book containing teachers' notes and copyright-free pupil activities published as the result of a four-year curriculum development project by Leeds Development Education Centre.

The book has been developed and tested by the Centre in England, where teachers worked with 13 to 16 year olds. The teachers came from a range of curriculum areas, including geography, english, humanities and personal, social and health education. It is one of five units (the others tackling issues of racism, sexism, class inequality, and development) with an overall title of "Economics for Change – Understanding Economic Inequality from Different Viewpoints", which has the primary aim of contributing to the economic awareness of young people.

The materials relate economic ideas to young people's own experience. The book begins with activities to enable students to explore their own spending patterns in general, then look at young people's spending on tobacco and the influence of advertising upon it. The section on "People's role in the Economy" (common to all units) explores the economic roles in which people engage every day; consumer, producer, citizen. The economic viewpoints an individual holds will depend upon which of these is seen as the most important agent. Different people will have different economic viewpoints (because their experience and value-systems are different) and this will result in the different policy proposals made.

This is followed by a case study of the Brazilian tobacco industry where students take on different roles (company, government, farmer) and discuss the costs and benefits to each. From this it becomes clear that the interests of transnational companies may be very different from that of a poor farmer in Brazil, who may nevertheless get drawn into growing tobacco because of his/her lack of power and choice. Finally, there is a role-play to bring out different views about tobacco taxation using the United Kingdom as an example. Participatory, "active-learning" approaches are used throughout the units, in order to develop students' critical awareness.

The "Tobacco" unit of "Economics for Change" has already become a popular resource in the United Kingdom, as a way of introducing health issues into the curriculum. (Books can be ordered and distributed internationally through Leeds DEC's Dispatch Unit, 153 Cardigan Road, Leeds LS6 1LJ, United Kingdom.)

NEWS BRIEFS

DELHI: NO MORE SMOKING ON THE BUSES

Since the beginning of May this year smoking has been prohibited on public transport in the Indian capital. The Delhi transport company has issued very strict instructions on this subject: its employees must refrain from smoking in the buses and make sure that passengers do the same. If a passenger persists, the driver must stop the vehicle until the offending smoker extinguishes his cigarette or gets off the bus. The minister responsible for surface transport has told the private bus companies that they too must comply with these anti-smoking regulations.

FINLAND: GROWING POPULARITY OF "NO-SMOKING" RESTAURANTS

More than two Finns out of three would choose a no-smoking restaurant if they had the choice. This is shown by an opinion poll performed at the request of the Finnish Lung Association by the Gallup Institute of Finland. Even the smokers themselves can see the attraction of a smoke-free environment, since 43% of them admit they would prefer to eat in a no-smoking restaurant.

This opinion poll was conducted as part of a campaign for tobacco-free restaurants and hotels. Launched in 1985, the campaign has already led to a substantial increase in the areas reserved for non-smokers in the country's hotels and restaurants. This trend clearly reflects a strong public demand: 75% of Finns now prefer to spend the night in a no-smoking hotel room, whereas only 66% expressed this preference five years ago.

IARC NEWS

CIGARETTE SMOKING AND PANCREAS CANCER

Cigarette smoking is the one major risk factor for pancreas cancer that has been consistently identified as such by a variety of study designs. The epidemiology of pancreas cancer has been reviewed recently including an extensive discussion on the role of tobacco products (Boyle et al, 1989). This brief overview will be more in the context of the findings from the recently completed SEARCH* programme study of this topic.

Ecological studies had consistently reported positive, but non-significant, correlations between pancreas cancer mortality rates and the per capita consumption of cigarettes. There are positive correlations reported between international pancreas and lung cancer mortality rates which are statistically significant. In marked contrast, epidemiological studies which make direct assessments of tobacco smoking in individuals with and without pancreas cancer provide consistent evidence linking cigarette smoking to this form of cancer. The strength of the evidence available up until 1985 was such that an IARC Working Party concluded that the occurrence of malignant tumours of the pancreas is causally related to the smoking of cigarettes (IARC, 1986). This decision was based on the published findings from seven cohort studies, each of which showed an increased risk in smokers that appeared to rise with the number of cigarettes smoked, and eight case-control studies, of which all but one found a positive association. Since then consistent positive associations between cigarette smoking and the increased risk of pancreas cancer have been noted in epidemiological studies.

The collaborative study of the SEARCH programme completed data collection in 1989 and the findings were discussed in detail at the meeting of the collaborators in March 1990. The detailed results will be published in the scientific literature during 1990 and 1991. The following is a brief summary of some findings discussed at the collaborators' meeting.

Being an ever-smoker was found to increase the risk of pancreas cancer independently of amount smoked. This increase is consistently found in all strata (sex, respondent status (direct or proxy) and centre). The risk of pancreas cancer was found to rise with the increased consumption of cigarettes, a trend which was found to be similar in each study centre. The risk apparently reduced to a level compatible with that of lifelong non-smokers after twenty or more years had passed after smoking had ceased. Other analyses of the dataset revealed no increased risk associates with consumption of cigars, cigarillos, pipes or chewing tobacco. These findings are considered consistent with a casual role of cigarette smoking in the aetiology of pancreas cancer. These findings will be published in more detail in the scientific literature later in 1990 and 1991.

These results strongly support findings from other studies and clearly indicate the importance of the causal role of cigarette smoking in the aetiology of pancreas cancer. The attributable risk for cigarette smoking obviously varies from country to country but is such that the international burden of 237 400 new cases of pancreas cancer estimated for 1980 (Parkin, Laara and Muir, 1988) could probably have been reduced to below 100 000 by the avoidance of cigarette smoking.

Although most people when considering the health effects of cigarette smoking would not immediately think of pancreas cancer, the evidence of a causal association is strong and this opens up prospects for preventing large numbers of premature deaths.

** SEARCH is a collaborative, multicentre case-control network programme of the International Agency for Research on Cancer which coordinates studies using a common protocol and questionnaire in a variety of population settings.*

WHO/TOH PROGRAMME

WHO IS IN CHARGE IN WHO?

At headquarters, Dr J. Rochon has been appointed Director of the Division of Health Protection and Promotion which encompasses the Tobacco or Health programme.

Also at headquarters, the Tobacco or Health programme is pleased to receive the support of the Carter Center of Emory University in the detachment, for one year, of Dr John B. Hardman. Dr Hardman, a psychiatrist by profession, was a senior consultant at the Carter Center, where his activities revolved around creating an initiative to reduce global tobacco use. In the Tobacco or Health programme he will be responsible for the inclusion of a Tobacco or Health curriculum in comprehensive school health education.

This quarterly newsletter is issued by the WHO programme on Tobacco or Health (TOH), World Health Organization, 1211 Geneva 27, Switzerland. The text may be freely reproduced and illustrations may be used, giving credit to WHO. Cuttings are requested. Contributions and suggestions to be addressed to Dr C. Chollat-Traquet, Editor.

The following have contributed to this issue:

- *Dr P. Boyle, Unit of Analytical Epidemiology, IARC*
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- *Ms P. Raupers, Coordinator of Gifted Program, Northern Valley Regional High School District, USA;*
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